

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>	<i>6298621</i>	<i>8/2</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>15/100</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>6298621</i>	<i>10-4</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	1/26/08
2	1/26/08
3	1/26/08
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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